

CITY OF WATERVILLE APPLICATION FOR SIGN PERMIT

APPLICATION NUMBER

	PHONE:
ADDRESS:	
BUSINESS OWNER:	
(If different from property owner) ADDRESS:	
E-MAIL ADDRESS:	
SIGN COMPANY:	
ADDRESS:	
CONTACT:	

Attach a <u>dimensioned</u> description of the sign and its location on the premise. Include a color print/photo of the sign (electronic copy of sign encouraged)

Wall-Mounted Flush	Monument
Permanent	Wall-Mounted Projecting
Ground	Temporary
Illuminated- InternalExternal UpDown	Awning
Message Center	Multi-business
Variance Required	Auto Dealer
Historic Overlay District, Certificate of Appropriatene	ess Required
Residential Overlay District Planning Commission R	ecommendation to
Council; Council Approval Required	
A-frame (Historic District Only, Certificate of Insuran	nce Required)
Banner (Display Period 21 Day Max) From	to
	(Calendar dates)

The Applicant agrees to complete the Sign Permit Application in compliance with the above instructions. The Applicant agrees that in consideration of the granting of the requested permit, the City of Waterville will be held harmless from any and all liability and damages, the Applicant will comply with said guidelines and that any and all statements made herein by the Applicant are true and correct.

Applicant Signature	Print Name	Date
:	<u>SIGN PERMIT</u> FOR OFFICE USE ONLY Sign Permit Fee \$30.00 + \$0.50 per square fo	oot
Application Date Permit Fee \$ Date Paid:	Date Permit Issued Receipt	
	Zoning Inspector	
Approved by: Municipal Adminis	Date:	

Rev. 9-16